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Elective abortion amongst Nigerian undergraduates

A. Omorogiuwa

Department of Physiology, school of Basic Medical Sciences, College of Medical sciences, University of Benin, Benin City, Nigeria

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ABSTRACT: Elective abortion is a kind of voluntary abortion that is procured for reasons other than preserving the health of the pregnant woman. The aim of this study was to assess the incidence of elective abortion and the use of condom as a contraceptive amongst Nigerian undergraduates viz a viz eliciting the elective abortion options adopted by them. In this cross sectional study, 1,396 structured questionnaires were administered to Nigerian undergraduates who were selected randomly from various randomly selected faculties from a university. Subjects for the study gave informed consents. The incidence of abortion in this study was 504 (43.5%) and the most favored elective abortion option was manual vacuum aspiration, 247 (49.0%) in a hospital followed by the use of drugs 128 (25.4%) and then the use of native medication 45 (9.0%). Thus 51% of the respondents were involved in unsafe abortion; this is alarming considering its grave complications and its consequence on the career of the Nigerian undergraduate. Again, more than half of the respondents, who use condoms occasionally or do not use it at all, were involved in elective abortion. This implies that these groups of individuals probably see elective abortion as a contraceptive. Establishment of visibly active family planning units in the health centers of universities will reduce the rate of unsafe abortions. Besides, teaching undergraduates at all levels a detailed Safe sex and Family planning course will further enhance the efficiency of the family planning unit in the health centers.

Keywords: Elective Abortion, Undergraduates, Nigeria, Pregnancy

Introduction

An abortion is the voluntary or involuntary termination of pregnancy before the age of viability. The age of viability in this environment is 28 weeks of gestation. Voluntary abortion can be therapeutic or elective. Therapeutic abortion is termination of pregnancy before 28 weeks gestation to preserve the health of the pregnant woman while elective abortion is done for social, economic, religious and other reasons best know to the pregnant person i.e the pregnancy that is to be terminated is not a health risk to her. Involuntary abortion is the spontaneous termination of pregnancy Spontaneous termination of pregnancy can be traceable to factors, which could be genetic, anatomical, hormonal, immunological and chronic maternal disease etc [1].

E-mail: ask4ade2006@yahoo.com

Phone numbers: +234(0)7039460340, +234(0)8053627304

Pregnancy had been defined as a self limiting sexually transmitted physiologic maternal condition of having a developing fetus in the body; its limitation which are traceable to hormonal, environmental, anatomical, mental, chromosomal and spiritual factors vary from 4 days to greater or equal to 40 weeks [2]. Abortion has a long history and has been induced by various methods including herbal abortifacients, the use of sharpened tools, physical trauma and other traditional methods. Abortion and abortion-related issues feature prominently in the national politics and policies in many nations often involving the opposing pro-life and pro-choice worldwide social movements. In sub-Sahara African over 95% of maternal deaths are due to direct causes. The five major causes of maternal mortality have been identified as hemorrhage (25%), infection (15%), hypertensive disorders of pregnancy (12%), obstructed labour (8%) and induced abortions (13%) [3]. Although induced abortion contributes about 13% which puts it on the third highest contributor, hemorrhage and infections are established attendant problems of abortion. However, induced abortions done in an ideal setting can curb these percentages largely. This study is therefore aimed at assessing incidence of elective abortion and use of condom as a contraceptive amongst Nigerian undergraduates viz a viz the methods adopted by them for termination of unwanted pregnancy.

Materials and Methods

A descriptive cross sectional study was carried out among female Nigerian undergraduates of Ambrose Alli University, Ekpoma, Edo state. A total of 2,214 undergraduate students from 7 faculties participated in the study. They were selected using a multistage sampling technique as follows; from a list of 7 faculties in the university four were selected by simple random sampling using table of random numbers. Students were then randomly selected from all the lecture theatres of these 4 faculties. The essence of the study was explained to them and consent was taken from those who subscribed to participating in the study. A semi structured questionnaire containing both open and closed ended question was administered to each subscriber. The questionnaire was used to extract basic demographic data including age at menarche, methods of termination of pregnancy and use of condoms by their male cohorts. Data obtained were checked for correctness before they were encoded. Results were presented in tables and percentages.

Results

Of the total 2,214 undergraduates that were randomly selected, 818 declined making a decline rate of 36.95%. Thus 1,396 questionnaires were administered and 1,160 filled the questionnaires correctly and returned, making a respondents rate of 83.09%. Demographics of the subjects who completed the study is shown in Table 1.

From the study a total of 504 (43.5%) had been involved in termination of pregnancy in the past 6 months and the various modes of termination are shown on Table 2.

Of the 504 respondents that have been involved in termination of pregnancy in the past 6 months 331 (37.3%) were Christian, 109 (63.4%) were muslims while 64 (4.0%) were other religions including the free thinkers. Of the 1160 respondents 870 (75%) were sexually active as at the time of the study. However only 524 (60.2%) customarily use condoms while 346 (39.8%) use condom occasionally or don't use at all. Of the 346 that use condom occasionally or don't use at all 289 (57.3%) have had elective abortion in the past 6 months. Of the 346 subjects that don't use condom, 289 (83.52%) have had elective abortion in the past 6 months. Fifty Seven percent of the subjects who have been involved in elective abortion fall within the group of those who don't use condom or use it occasionally during sexual intercourse.

Table 1: Demographic characteristics of subjects who participated in the study

| Demographic Variables | Values |
|----------------------------------|-----------------|
| Age in years (mean \pm SD) | 22.91 \pm 3.6 |
| Age in years at menarche (range) | 11 – 19 |
| Religion | |
| Christianity | 888 (76.6%) |
| Islam | 172 (14.8%) |
| Traditional | 75 (6.6%) |
| Others | 25 (2.1%) |
| Fathers' Level of Education | |
| Primary | 224 (19.3%) |
| Secondary | 372 (32.1%) |
| Tertiary | 564 (48.6%) |
| Mothers' Level of Education | |
| Primary | 233 (20.1%) |
| Secondary | 377 (32.5%) |
| Tertiary | 550 (47.4%) |

Table 2: Mode of termination of pregnancy by those who decided on abortion

| Mode of termination of pregnancy | Subject |
|---|-------------|
| Went to the Hospital for manual vacuum aspiration | 247 (49.0%) |
| Used self prescribed drugs | 128 (25.4%) |
| Used oral native medication | 45 (9.0%) |
| Drank Alcohol | 08 (1.6%) |
| Used Lime | 38 (7.5%) |
| Others | 38 (7.5%) |
| Total | 504 |

Discussion

Worldwide 42 million abortions are estimated to take place annually with 22 million of these occurring safely and 20 million unsafely [4]. This implies that the ratio of unsafe abortion to safe abortion is 1:1. Abortions done in the hospitals can be regarded as safe. Women seeking to terminate their pregnancies sometimes resort to unsafe methods, particularly where and when access to legal abortion is restricted. The World Health Organisation (WHO) defines an unsafe as a procedure carried out by persons lacking the necessary skills or in an environment that does not conform to minimal medical standards or both (5b). They may be performed by the woman herself, another person without medical training, or a professional health provider operating in sub-standard conditions. Unsafe

abortion remains a public health concern due to the higher incidence and severity of its associated complications, such as incomplete abortion, sepsis, hemorrhage and damage to internal organs.

From this study, 49% of the respondents go to the hospital for elective abortion while 51% do otherwise, hence the ratio here is approximately 1:1 which is consistent with the study done by Shah et al, 2009. The reason why the other unsafe methods of termination of pregnancy (drugs, native medication, alcohol, etc) might be at equilibrium with safe method might be due to easy accessibility, affordability and ready availability. These three seemingly attractive factors might create an enabling environment for those involved not to see the mortality, that might be associated with unsafe abortion. The frequency of abortion can however be similar whether or not access is restricted [6]. Although the global rate of abortion declined from 45.6 million in 1995 to 41.6 million in 2003, unsafe procedures still accounted for 48% of all abortions performed in 2003 [7].

From this study greater than half of the subjects who had been involved in elective abortion do not or occasionally use condoms. This implies that some individuals take abortion as a “contraceptive” method. Be that, as it may, the method used for the termination of pregnancy should be safe and medically acceptable.

From the study 51% of the respondents were involved in unsafe abortion, this is alarming, considering its grave complications, which range from hemorrhage, infections, acute academic failure secondary to poor attention and concentration to school work, withdrawal of parental sponsorship and even untimely death. The use of incorrect and unconventional methods of contraception has been reported in Benin city [8], Akwa Ibom [9] and Ghana [10].

From this study 45 (9%) of the those who have had termination of pregnancy used native medication. The use of herbs for elective abortion can cause serious – even lethal – side effects such as multiple organ failure and physicians [11] do not recommend it.

Establishment of visible and active family planning units in all health centres including those in the university is recommended to reduce the rate of abortion most especially, the unsafe ones. These health centers should have trained personnel who will constantly educate their clients and others within their jurisdiction on the need for use of family planning methods. In addition, safe abortion procedures, besides, safe sex and family planning should form a course that should be taught at all levels in all the departments in the tertiary institutions. This will further enhance the inefficiency of the family planning unit in the health centres.

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